



# PLUMBING PERMIT APPLICATION

## PROPERTY ADDRESS

Street: 115 NEWTON ST.

CBL: 339 AOLS

## PROPERTY OWNER(S) NAME

OWNER NAME: ELIZABETH WEISS

Applicant Name: SCOTT RYAN

Mailing Address of Owner/Applicant (if Different) PO BOX 734 STANDISH, ME 04084

E Mail:

### Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.

Signature of Owner/Applicant [Signature] Date \_\_\_\_\_

Town/City PORTLAND Permit # 2016 00590

Date Permit Issued 3/15/16 Fee: \$ 50 Double Fee Charged [ ]

Local Plumbing Inspector Signature [Signature] L.P.I. # 360

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

### Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

LPI Signature \_\_\_\_\_ Date Approved (Final) \_\_\_\_\_

## PERMIT INFORMATION

This Application is for  
1.  NEW PLUMBING  
2.  RELOCATED PLUMBING

Type of Structure to be Served  
1.  SINGLE FAMILY RESIDENCE  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER-SPECIFY \_\_\_\_\_  
**Please call 874-8703 with your permit # to schedule inspections!**

Plumbing to be Installed by:  
NAME: SCOTT RYAN  
1.  MASTER PLUMBER  
2.  OIL BURNERMAN  
3.  MFG'D HOUSING DEALER / MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER  
LICENSE # 13655

**RECEIVED**  
**MAR 15 2016**  
Dept. of Building Inspections  
City of Portland Maine

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<input type="checkbox"/> Hosebib / Sillcock	<input checked="" type="checkbox"/> Bathtub (and Shower)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>
<b>OR</b>		<u>3</u> <b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<input type="checkbox"/> Fixture Fee <input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee

**Please call 874-8703 with your permit # to schedule inspections!** PERMIT FEE (TOTAL)